

# ATLANTA POLICE DEPARTMENT

## Supervisor's Accident Investigation Summary

Employee's name:		Rank or title		ID no.	
Division/section/unit/watch					Assign no.
Time in assignment		Date of employment		Probationary status <input type="checkbox"/> Yes <input type="checkbox"/> No	
City vehicle no.		Accident date		Time	
Accident location				Incident no.	
Name of accident investigator				Assignment no.	
Name of accident investigator supervisor					

<b>The supervisor must complete the following reports, when appropriate (check those that are attached):</b>		
<input type="checkbox"/>	Supervisor's Accident Investigation Summary (Form APD 705)	
<input type="checkbox"/>	Supervisor's Statement	
	Include (1) a narrative summary of what the employee was doing prior to and at the time of the accident; (2) a detailed analysis of the accident, amount of damage, and contributing factors.	
<input type="checkbox"/>	Accident Report	
<input type="checkbox"/>	Incident report on injury to officer, damage to City property, etc.	
<input type="checkbox"/>	Copy of workers comp package (in place of the incident report)	
<input type="checkbox"/>	Chase package (see APD.SOP.4.11)	
<input type="checkbox"/>	OPS package (see Disciplinary Manual)	
<b>Brief summary of accident:</b>		
<b>Previous disciplinary actions</b> (related or unrelated)		<b>Previous accidents</b>
		Number of previous accidents
		Number of previous at-fault accidents
		Date of most recent previous accident
		Was the most recent accident at-fault?
Supervisor's signature		Date

<b>Section commander's Final Review and Recommended Action:</b>	
Check all that apply	<input type="checkbox"/> Written reprimand: <input type="checkbox"/> Admonishment <input type="checkbox"/> Other (specify):

Comments:  
**Attach  
memo if  
needed**

Signature:

Date